

**UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS**

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UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

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2007 JUN 19 A 11: 53

No. 04-CR-10384-PBS

U.S. DISTRICT COURT  
DISTRICT OF MASS.

UNITED STATES

v.

DANIEL KAMEN

**EX PARTE MOTION FOR PAYMENT OF  
\$250.00 FOR SERVICES OF PSYCHOLOGIST**

Pursuant to the Criminal Justice Act, 18 U.S.C. § 3006A(e), the defendant Daniel Kamen moves the Court for an order permitting psychologist Carol J. Ball, Ph.D., to receive payment of a total of \$250.00 for the preparation of a report used to persuade the Court to modify the defendant's release conditions. In support of this motion, the defendant states:

The defendant filed a motion seeking a modification of the defendant's release conditions so that he could be outside the home without a family member between noon and 8 p.m., and so that he could travel with his mother to California and Washington state in late June and early July. The pretrial services officer expressed concern about the second part of the motion because the defendant has been on electronic monitoring and normally such individuals are not allowed to travel out of state. Counsel needed to obtain a report from Dr. Ball, who has treated the defendant for over two years, in order to convince pretrial services and the Court that this relief was appropriate. Dr. Ball prepared such a report, and Magistrate Judge Bowler allowed the motion and ordered that the defendant no longer be subject to

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109

DOCKETED  
6/21/07  
Carol J. Ball


electronic monitoring.

2. Because of the short time frame, counsel did not have time to seek advance approval for securing Dr. Ball's report at government expense.
3. Copies of Dr. Ball's bill, and a completed Form CJA 21, are attached.

Respectfully submitted,

**DANIEL KAMEN**

By his attorneys,



/s/ Charles W. Rankin

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Charles W. Rankin, BBO No. 411780

Michelle Menken, BBO No. 644537

Rankin & Sultan

151 Merrimac Street

Boston, MA 02114

617-720-0011

## CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (5-99)

1. CIR./DIST./ DIV. CODE	2. PERSON REPRESENTED <i>Daniel Kamen</i>	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER <i>04-10384-PBS</i>	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) <i>US v DANIEL KAMEN</i>	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other:	10. REPRESENTATION TYPE (See Instructions) <i>CC</i>

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.  
*18 USC 2252 - Receipt of Child Pornography*

12. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR <input checked="" type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$300, excluding expenses)	
Signature of Attorney <i>Ch M</i>	Date <i>6-17-07</i>
ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS <i>Charles W. Rankin, Rankin &amp; Sultan, 151 MERRIMAC ST, BOSTON 02114</i>	
Telephone Number: <i>617-720-0011</i>	

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) <i>Prepare report of psychologist to modify release conditions</i>	14. TYPE OF SERVICE PROVIDER 01 <input type="checkbox"/> Investigator 02 <input type="checkbox"/> Interpreter/Translator 03 <input checked="" type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 13 <input type="checkbox"/> Pathologist/Medical Examiner 14 <input type="checkbox"/> Other Medical 15 <input type="checkbox"/> Voice/Audio Analyst 16 <input type="checkbox"/> Hair/Fiber Expert 17 <input type="checkbox"/> Computer (Hardware/Software/Systems) 18 <input type="checkbox"/> Paralegal Services 19 <input type="checkbox"/> Legal Analyst/Consultant 20 <input type="checkbox"/> Jury Consultant 21 <input type="checkbox"/> Mitigation Specialist 22 <input type="checkbox"/> Duplication Services (See Instructions) 23 <input type="checkbox"/> Other (Specify)
15. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted.  Signature of Presiding Judicial Officer or By Order of the Court _____  Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO	

16. SERVICES AND EXPENSES (Attach itemization of services with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation	<i>\$250.00</i>		
b. Travel Expenses (lodging, parking, meals, mileage, etc.)			
c. Other Expenses			

17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS <i>Carol A. Ball, Ph.D., 22 Mill St, Arlington, MA 02476</i> TIN: <i>04312827</i> Telephone Number: <i>781-643-0610</i>
CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM <i>6/11/2007</i> TO <i>6/12/2007</i> CLAIM STATUS <input checked="" type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee <i>Carol A. Ball</i> Date <i>6-13-2007</i>

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.  Signature of Attorney <i>CR</i> Date <i>6-18-07</i>
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19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED
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23. ☐ Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained.  
☐ Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$300.

Signature of Presiding Judicial Officer _____		Date _____		Judge/Mag. Judge Code _____	
24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED		
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3) Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____					



NEW ENGLAND FORENSIC ASSOCIATES

June 13, 2007

## STATEMENT

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For Services Rendered: DANIEL KAMEN

Service	Fee
Letter to Court by Carol J. Ball, Ph.D at request of Attorney Charles Rankin June 11, 2007	\$250.00

22 Mill Street, Suite 306  
Arlington, MA 02476-4744  
Tel: 781 643 0610  
Fax: 781 643 1609  
e-mail: NEFA@nefacorp.com

*Co-Founders*  
Carol J. Ball, Ph.D.  
Theoharis K. Seghorn, Ph.D.

*Forensic Psychologist*  
Barbara Schwartz, Ph.D.

*Assistant Clinical Director*  
Ruth Lewis, Ph.D.

*Associates*  
Joel T. Andrade, LICSW  
Carlos Davila, Ed.D.  
Nancy E. DiZio, LMHC  
Steven A. Hughes, Ed.D.  
Leo D. Keating, LICSW  
Joseph P. Stets, M.A.  
Denise M. Stack, M.A.

EMP. ID# 04-3128877